

ELIGIBILITY SCREENING RECORD

A parent, guardian, or health care provider should complete this form before the patient's first eligible immunization. The form must be kept in the patient's chart as a record for verification when administering other free vaccines. A new form should be completed if the patient's reason for eligibility changes before his/her next immunization. The provider may establish and maintain a separate Screening Folder in which copies of all their Eligibility Screening Records are kept.

Screening Date: ____/____/____

Patient's Name: _____
Last First Middle

Date of Birth: ____/____/____

Parent or Guardian: _____
Last First Middle

Medical Practice: _____

Patient's Chart Number (optional): _____

ELIGIBILITY VERIFICATION

In order to receive free vaccines, a patient must qualify in one of the categories listed below.

This patient is less than 19 years of age and qualifies for free vaccines through the Virginia Vaccines For Children (VVC) Program because...(Check one)

- ☐ He/she is enrolled in Medicaid. (FAMIS children do not qualify for VVC)
- ☐ He/she does not have health insurance.
- ☐ He/she is an American Indian or Alaskan Native.
- ☐ He/she has health insurance that does not cover vaccinations.

This patient qualifies for free vaccines through the Virginia Department of Health (VDH) because...(Check one)

- ☐ He/she has private insurance but is receiving a school-required vaccine.
- ☐ He/she is receiving an adult immunization. (MMR, IPV, TD Only)